| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                                                                                                                |                                                |                                             |                                                                      |                                        |                                        |                  |                  |                        | Application or Docket Number |                   |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|----------------------------------------|----------------------------------------|------------------|------------------|------------------------|------------------------------|-------------------|------------------------|--|
| Effective December 8, 2004                                                                                                                                                                                                 |                                                |                                             |                                                                      |                                        |                                        |                  |                  | 18                     | 10 552010                    |                   |                        |  |
| Claims as filed - P.                                                                                                                                                                                                       |                                                |                                             |                                                                      |                                        | 1                                      |                  | Small entity     |                        | OR                           | OTHER THAN        |                        |  |
| <u> </u>                                                                                                                                                                                                                   |                                                |                                             | (Column 1)                                                           |                                        | (Column 2)                             |                  |                  | <del></del>            | <b>引</b> .                   |                   | <del></del>            |  |
| U.S                                                                                                                                                                                                                        | . NATIONAL                                     | STAGE FEES                                  | · .                                                                  |                                        |                                        |                  | RATE             | FEE                    | 4                            | RATE              | FEE                    |  |
| BAS                                                                                                                                                                                                                        | IC FEE                                         |                                             | SMALL ENT. = \$ 150                                                  |                                        | LARGE ENT. = \$ 300                    |                  | BASIC FEE        |                        | OR                           | BASIC FEE         | 300                    |  |
| EXAMINATION FEE                                                                                                                                                                                                            |                                                |                                             | Satisfies PCT Article 33(1)-<br>(4) = 850/8100                       |                                        | All other situations = \$ 100 / \$ 200 |                  | EXAM. FEE        |                        |                              | EXAM. FEE         | 200                    |  |
| SEARCH FEE                                                                                                                                                                                                                 |                                                |                                             | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                        | All other situations = 8 250 / 8 500   |                  | SEARCH FE        | E                      |                              | SEARCH FEE        | 500                    |  |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                   |                                                |                                             | minus 100 =                                                          |                                        | / 50 <del>=</del>                      |                  | X \$ 125         | =                      |                              | X \$ 250 =        |                        |  |
| TOTAL CHARGEABLE CLAIMS 6                                                                                                                                                                                                  |                                                |                                             | 9 minus 20 =                                                         |                                        | ů.                                     |                  | X \$ 25 =        |                        | OR                           | X \$ 50 =         |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                         |                                                |                                             | ) minus 3 =                                                          |                                        | ٥                                      |                  | X \$ 100         | =                      | OR                           | X \$ 200 =        |                        |  |
| MUL                                                                                                                                                                                                                        | TIPLE DEPEN                                    | DENT CLAIM PR                               | ESENT                                                                |                                        |                                        | U U              | + \$ 180         | =                      | OR                           | + \$ 360 =        | 390                    |  |
| o If the difference in column 1 is less than zero, enter "t                                                                                                                                                                |                                                |                                             |                                                                      |                                        |                                        | olumn 2          | TOTAL            |                        | OR                           | TOTAL             | <u></u>                |  |
|                                                                                                                                                                                                                            | ,                                              | CLAIMS AS (Column 1)                        | awended                                                              | MENDED - PART II (Column 2) (Column 3) |                                        |                  |                  | l entity               | OTHER THAN OR SMALL ENTITY   |                   |                        |  |
| AMENDMENT A                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                                                      | HIGH<br>NUM<br>PREVK<br>PAID           | BER<br>DUSLY                           | PRESENT<br>EXTRA | RATE             | ADDI-<br>TIONAL<br>FEE |                              | RATE .            | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                            | Total                                          | •                                           | Minus                                                                | <b>\$</b>                              |                                        |                  | X \$ 25 =        | :                      | OR                           | X \$ 50 =         |                        |  |
|                                                                                                                                                                                                                            | Independent                                    | o                                           | Minus                                                                | 000                                    |                                        | -                | X \$ 100         | =                      | OR                           | X \$ 200 =        |                        |  |
|                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT O     |                                             |                                                                      |                                        | CLAIM                                  |                  | + \$ 180         | =                      | OR                           | <b>+ \$ 360 =</b> |                        |  |
|                                                                                                                                                                                                                            |                                                |                                             |                                                                      |                                        |                                        |                  |                  | п.                     | OR                           | TOTAL ADDIT.      |                        |  |
|                                                                                                                                                                                                                            |                                                |                                             |                                                                      | ÷                                      |                                        |                  | FEE              |                        | =-4                          |                   |                        |  |
|                                                                                                                                                                                                                            | <del></del>                                    | (Column 1)                                  | <del></del>                                                          | (Colur                                 |                                        | (Column 3)       |                  | <del></del>            | <b>a</b>                     |                   | <del> </del>           |  |
| AMENDIMENT B                                                                                                                                                                                                               |                                                | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |                                                                      | NUMI<br>PREVIO<br>PAID                 | BER<br>OUSLY                           | PRESENT<br>EXTRA | RATE             | ADDI-<br>TIONAL<br>FEE |                              | RATE              | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                            | Total                                          | ٠                                           | Minus                                                                | o o                                    |                                        | =                | X \$ 25 =        |                        | OR                           | X \$ 50 =         |                        |  |
| AME                                                                                                                                                                                                                        | Independent                                    | · ·                                         | Minus 000                                                            |                                        |                                        | =                | X \$ 100         | =                      | OR                           | X \$ 200 =        | ·                      |  |
|                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                                                      |                                        |                                        |                  | + \$ 180 :       | =                      | OR                           | <b>* \$ 360 =</b> |                        |  |
|                                                                                                                                                                                                                            |                                                |                                             |                                                                      |                                        |                                        |                  | TOTAL ADD<br>FEE | nr.                    | OR                           | TOTAL ADDIT.      |                        |  |
|                                                                                                                                                                                                                            |                                                |                                             |                                                                      |                                        |                                        |                  |                  |                        |                              |                   |                        |  |
|                                                                                                                                                                                                                            |                                                |                                             |                                                                      |                                        |                                        |                  |                  |                        |                              |                   |                        |  |
| of if the entry in column 1 is less than the entry in column 2, write "0" in column 3. the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".                                               |                                                |                                             |                                                                      |                                        |                                        |                  |                  |                        |                              |                   |                        |  |
| on If the "Highest Number Previously Paid For" (N THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                             |                                                                      |                                        |                                        |                  |                  |                        |                              |                   |                        |  |